



Wisconsin Department of Public Instruction  
**STATUS OF CARL PERKINS FORMULA ALLOCATION  
APPLICATION FOR SINGLE DISTRICTS**  
Annual Request for Program of Study Funds  
PI-1341-C (Rev. 01-10)

**INSTRUCTIONS:** Submit responses in a **separate Word**  
document as an **e-mail attachment** to:

[marilyn.bachim@dpi.wi.gov](mailto:marilyn.bachim@dpi.wi.gov)

Collection of this information is a requirement of PL 109-270.

GENERAL INFORMATION		
Applicant Agency	LVEC/CTE Coordinator	Project Number
Formula Allocation	Amount Requested	Amount Approved

Status of Carl Perkins Application *Check One*

☐

Approved

☐

Conditionally Approved

☐

Not Fundable

Items marked revised or missing are to be resolved prior to encumbering any Carl Perkins monies. Follow the information in the *2010-11 Carl Perkins Formula Allocation Application for Single Districts* or call the DPI/CTE Liaison Consultant if in doubt about the application.

Comments

LVEC CERTIFICATION STATUS	
LVEC/CTE Coordinator	65/93 License

DPI/CTE Grant Manager Signature



Date Signed *Mo./Day/Yr.*

SIGNATURES	
DPI/CTE Liaison Consultant Signature	Date Signed <i>Mo./Day/Yr.</i>



<b>STATUS OF CARL PERKINS APPLICATION</b>
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<b>PI-1303-C Carl Perkins Formula Allocation Application for Single Districts/Annual Request for Program of Study Funds</b>
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<b>I—Administrative Provisions</b>
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Select from  
dropdown list.

**Part A—Cover Sheet**

- Ok** Name of the institution eligible to receive this grant, i.e., the Applicant Agency
- Ok** District or CESA Code assigned by DPI
- Ok** LVEC/CTE Coordinator Name
- LVEC/CTE Coordinator Agency Address
- Ok** Building Name
- Ok** Street
- Ok** City
- Ok** State
- Ok** Zip
- Ok** LVEC/CTE Coordinator Phone
- Ok** LVEC/CTE Coordinator Fax
- Ok** LVEC/CTE Coordinator E-mail

Comments

<b>II—Certification and Signatures</b>
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- Ok** Name of Fiscal Agent Administrator for Project (District Administrator)
- Ok** Title of Fiscal Agent Administrator for Project (District Administrator)
- Ok** Signature of Fiscal Agent Administrator
- Ok** Name of Administrator Responsible for Project (LVEC/CTE Coordinator)
- Ok** Title of Administrator Responsible for Project (LVEC/CTE Coordinator)
- Ok** Signature of Administrator Responsible for Project (LVEC/CTE Coordinator)
- Ok** Two (2) signature pages **mailed** to Marilyn Bachim

Comments

<b>IX—Compliance with Core Indicators and State Initiatives</b>
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**Part A—Compliance with Federal Core Indicators**

Compliance/non-compliance with each of the federal *CPA Core Indicators* from the coding on '08 *District Profile*

- Ok** Section X, Part C, Activity Number \_\_\_\_\_
- Ok** Standard A \_\_\_\_\_
- Ok** Standard B \_\_\_\_\_
- Ok** Most current application form used

Comments

**Part B—Compliance with State Initiatives**

Compliance/non-compliance with each of the *State Initiatives* from the coding on '08 *District Profile*

- Ok** Section X, Part C, Activity Number \_\_\_\_\_
- Ok** Standard A \_\_\_\_\_
- Ok** Standard B \_\_\_\_\_
- Ok** Most current application form used

## STATUS OF CARL PERKINS APPLICATION

Comments

**X—Programs of Study****Part A—Program of Study Chart**

1

*Wisconsin Program of Study Chart* (DPI developed format)

- Ok** Based on the *2010-11 POS Listing*, one chart for each **new** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) \_\_\_\_\_
- Ok** Based on the *2010-11 POS Listing*, one chart for each **changed** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) \_\_\_\_\_
- Ok** District Name \_\_\_\_\_
- Ok** High School Name \_\_\_\_\_
- Ok** Nationally recognized Career *Cluster* Name \_\_\_\_\_
- Ok** Nationally recognized *Pathway* name for each POS \_\_\_\_\_
- Ok** Academic and CTE courses critical to the *Pathway* \_\_\_\_\_
- Ok** Both secondary and post-secondary sequences of coursework that result in a post-secondary industry related credential, certificate, associate or bachelor's degree \_\_\_\_\_

Comments

Locally developed *Program of Study Chart* format which meets the following criteria:

- Ok** Based on the *2010-11 POS Listing*, one chart for each **new** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) \_\_\_\_\_
- Ok** Based on the *2010-11 POS Listing*, one chart for each **changed** POS since the 2009-10 application that is CPA funded **or** CPA and locally funded (unless at the planning stage) \_\_\_\_\_
- Ok** Excel format \_\_\_\_\_
- Ok** District Name \_\_\_\_\_
- Ok** High School Name \_\_\_\_\_
- Ok** Nationally recognized Career *Cluster* Name \_\_\_\_\_
- Ok** Nationally recognized *Pathway* name for each POS \_\_\_\_\_
- Ok** Academic and CTE courses critical to the *Pathway* \_\_\_\_\_
- Ok** Both secondary and post-secondary sequences of coursework that result in a post-secondary industry related credential, certificate, associate or bachelor's degree \_\_\_\_\_

Comments

**Part B—Program of Study Description**

- Ok** One chart per *Program of Study* \_\_\_\_\_
- Ok** *Cluster Name* from drop-down box \_\_\_\_\_
- Ok** *Program of Study Name* from drop-down box \_\_\_\_\_

Comments

1

- Ok** *Program of Study* prepares students for occupations that are high skill, high wage, or high demand \_\_\_\_\_

Comments

**STATUS OF CARL PERKINS APPLICATION****2****Ok** Labor market information (LMI) described in PI-1303, *Section II.3* supports the selection of the *Program of Study* \_\_\_\_\_

Comments

**3****Ok** Other information used in the selection of the *Program of Study* \_\_\_\_\_

Comments

**4****Ok** Identification of partners \_\_\_\_\_**Ok** Description of partner involvement in the selection, development, implementation, and refinement of this *Program of Study* \_\_\_\_\_

Comments

**5**Progress/status on the five elements of the *Wisconsin POS Implementation Model* prior to this application**5.a****Ok** General or Foundations \_\_\_\_\_**Ok** Description of what is in place to support this rating \_\_\_\_\_

Comments

**5.b****Ok** School Counseling and Career Development \_\_\_\_\_**Ok** Description of what is in place to support this rating \_\_\_\_\_

Comments

**5.c****Ok** Rigorous Curriculum and Quality Instruction \_\_\_\_\_**Ok** Description of what is in place to support this rating \_\_\_\_\_

Comments

**5.d****Ok** Transition Planning and Policy \_\_\_\_\_**Ok** Description of what is in place to support this rating \_\_\_\_\_

Comments

**5.e****Ok** Accountability and Continuous Improvement \_\_\_\_\_**Ok** Description of what is in place to support this rating \_\_\_\_\_

Comments

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**STATUS OF CARL PERKINS APPLICATION**


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6

Staff Participating in this *Program of Study***Ok** Names of Secondary and Post-Secondary Staff \_\_\_\_\_**Ok** Title \_\_\_\_\_**Ok** E-mail address \_\_\_\_\_**Ok** *Representative Secondary CTE Teacher Signature* for this *Program of Study* \_\_\_\_\_**Ok** Typed Name of *Representative CTE Teacher* for this *Program of Study* \_\_\_\_\_**Ok** Date signed \_\_\_\_\_

Comments

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**Part C—Program of Study Operational Plan**


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1

**Ok** Submission of *Excel* Workbook file**Ok** Fiscal Agent Name**Ok** *Checks*, Formula Allocation Amount**Ok** Administrative Expenses within 5% cap**Ok** Grand Total/CPA **equals** the corresponding PI-1303-C, *Section XI*, and PI-1303-A, *Section III*, i.e., the amount requested for the application.

Comments

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**Activities and Costs Shared Among Multiple Programs of Study**


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**Activity****Ok** Chronological list of activities that will assist in local implementation of the *Wisconsin Program of Study Implementation Model***Ok** Types of costs \_\_\_\_\_**Ok** Limited to school counseling activities and/or Federal Core Indicator/State Initiative compliance strategies \_\_\_\_\_

Comments

**Element Code****Ok** Code from drop-down box \_\_\_\_\_

Comments

**Core Indicator Compliance****Ok** Correlation checked to one or more of the federal *CPA Core Indicators* \_\_\_\_\_**Ok** New application form used

Comments

**Specific Date To Be Accomplished****Ok** *Specific Date To Be Accomplished* for each *Activity* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) \_\_\_\_\_

Comments

**Project Evaluation****Ok** *Project Evaluation* measures progress and serves as a catalyst for developing improvement plans in the following years \_\_\_\_\_

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**STATUS OF CARL PERKINS APPLICATION**


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Comments

**Person and Position Responsible for Evaluation****Ok** *Person and Position* of individual responsible for evaluating each *Activity* \_\_\_\_\_

Comments

**Budgeted \$\$****Ok** *Local*—amount to be paid for each *Activity* with local funds or 0**Ok** *CPA*—amount to be paid for each *Activity* with federal CPA funds or 0

Comments

**Activities and Costs for each selected Program of Study****Ok** *Cluster Name* from drop-down box \_\_\_\_\_**Ok** *Program of Study Name* from drop-down box \_\_\_\_\_**Ok** Each *Program of Study* submitted in "Part B" identified by a discreet table in the *Operational Plan* \_\_\_\_\_

Comments

**Activity****Ok** Chronological list of activities that will assist in local implementation of the *Wisconsin Program of Student (POS) Implementation Model* \_\_\_\_\_**Ok** Types of costs \_\_\_\_\_**Ok** Activities relevant to the POS and the stage of development of the POS \_\_\_\_\_

Comments

**Element Code****Ok** Code from drop-down box \_\_\_\_\_

Comments

**Core Indicator Compliance****Ok** Correlation checked to one or more of the federal *CPA Core Indicators* \_\_\_\_\_**Ok** New application form used

Comments

**Specific Date To Be Accomplished****Ok** *Specific Date To Be Accomplished* for each *Activity* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) \_\_\_\_\_

Comments

**Project Evaluation****Ok** *Project Evaluation measures* progress and serves as a catalyst for developing improvement plans in the following years \_\_\_\_\_

Comments

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**STATUS OF CARL PERKINS APPLICATION**


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**Person and Position Responsible for Evaluation**

**Ok** *Person and Position* of individual responsible for evaluating each *Activity* \_\_\_\_\_

Comments

**Budgeted \$\$**

**Ok** *Local*—amount to be paid for each *Activity* with local funds or 0 \_\_\_\_\_

**Ok** *CPA*—amount to be paid for each *Activity* with federal CPA funds or 0 \_\_\_\_\_

Comments

**2**

**Ok** Rationale for all budgeted items in *Operational Plan*

**Ok** Rationale organized by *Program of Study* \_\_\_\_\_

Comments

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**XI—Summary of Use of CPA Funds**


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**Ok** Summarization of costs of *Local Project Plan* by the required and permissive use of funds

**Ok** Administrative funds not more than 5% of the total budget

**Ok** Administrative funds equals the corresponding PI-1303-C (*Operational Plan – Section X, Part C*) **and** PI-1303-A (*Section III*)

**Ok** Total equals the corresponding PI-1303-C (*Operational Plan – Section X, Part C*) **and** PI-1303-A (*Section III*); i.e., the amount requested for the application

Comments

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**PI-1303-A Budget/Budget Modification**


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**I—Administrative Provisions**

**Ok** New application form used

**Ok** Name of school district that will act as the fiscal agent of the *2010-2011 Carl Perkins Formula Allocation Application for Single Districts*

Comments

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**III—Budget**


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**III.A—Budget Summary**

**Ok** Total equals the corresponding PI-1303-C (*Operational Plan – Section X, Part C*) **and** PI-1303 (*Section XI*); i.e., the amount requested for the application

**Ok** Supervision and coordination budget no more than 5% of the total budget

**Ok** Administrative funds equals the corresponding PI-1303-C (*Operational Plan – Section X, Part C*) **and** PI-1303 (*Section XI*)

Comments

**III.B—Budget Detail**

**Ok** Equals budget summary by object classification

Comments

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**Purchased Service Object**


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**Ok** *Purchased Service* budgeted items support information provided in PI-1303-C, *Section X*

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**STATUS OF CARL PERKINS APPLICATION**


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- Ok** *Purchased Service* is payment for services rendered by personnel who are not on the payroll of the district or which the district obtains from private or public agencies (i.e., CESAs); and employee travel is a purchased service and includes transportation costs, meals and lodging
- Ok** *Item Name* \_\_\_\_\_
- Ok** *Item Name* includes abbreviated name of the *Program of Study* \_\_\_\_\_
- Ok** *Date(s) Service To Be Provided* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) \_\_\_\_\_
- Ok** *Unit Cost* \_\_\_\_\_
- Ok** *Quantity* \_\_\_\_\_
- Ok** *Function Code* \_\_\_\_\_

Comments

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**Capital Object**


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- Ok** *Capital object* budgeted items support information provided in PI-1303-C, *Section X*
- Ok** *Item Name* \_\_\_\_\_
- Ok** *Item Name* includes abbreviated name of the *Program of Study* \_\_\_\_\_
- Ok** *Unit Cost* \_\_\_\_\_
- Ok** *Quantity* \_\_\_\_\_
- Ok** *Function Code* \_\_\_\_\_

Comments

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**Non-Capital Object**


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- Ok** *Non-capital object* budgeted items support information provided in PI-1303-C, *Section X*
- Ok** *Item Name* \_\_\_\_\_
- Ok** *Item Name* includes abbreviated name of the *Program of Study* \_\_\_\_\_
- Ok** *Unit Cost* \_\_\_\_\_
- Ok** *Quantity* \_\_\_\_\_
- Ok** *Function Code* \_\_\_\_\_

Comments

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**Personnel Summary Object—Salary**


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- Ok** Personnel budgeted items support information provided in PI-1303-C, *Section X*
- Ok** Funded positions are for the purpose of supplementing the CTE program—not to supplant existing funding of positions
- Ok** *Name of the employee of the school district* to be paid from CPA money \_\_\_\_\_
- Ok** *Item Name* includes abbreviated name of the *Program of Study* \_\_\_\_\_
- Ok** *Position Title* \_\_\_\_\_
- Ok** *FTE (Full Time Equivalency)* \_\_\_\_\_
- Ok** *Date(s) Service to be Provided* (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) \_\_\_\_\_
- Ok** *Total Cost* \_\_\_\_\_
- Ok** *Function Code* \_\_\_\_\_

Comments

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**Personnel Summary Object—Fringes**


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- Ok** Personnel budgeted items support information provided in PI-1303-C, *Section X*
- Ok** Funded positions are for the purpose of supplementing the CTE program—not to supplant existing funding of positions
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## STATUS OF CARL PERKINS APPLICATION

**Ok** Name of the **employee of the school district** to be paid from CPA money \_\_\_\_\_

**Ok** Item Name includes abbreviated name of the *Program of Study* \_\_\_\_\_

**Ok** Position Title \_\_\_\_\_

**Ok** FTE (Full Time Equivalency) \_\_\_\_\_

**Ok** Date(s) Service to be Provided (must be within grant period; i.e., July 1, **2010** and June 30, **2011**) \_\_\_\_\_

**Ok** Total Cost

**Ok** Function Code

Comments